

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

RJTS

ADDRESS (number and street)

430 South Capitol Street Southeast

☐(Check if address  
is changed)

Washington

CITY ▲

WA

STATE ▲

20003

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address  
is changed)

rolandjac595@hotmail.com

Optional Second E-Mail Address

administrator@rolandjacksonus.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

http://www.rolandjacksonus.us/Roland-Jackson-2016.html

2. DATE

MM / DD / YYYY  
08 / 26 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00585059

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Swift, Taylor, , Mrs,

Signature of Treasurer

Swift, Taylor, , Mrs,

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 11 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Jackson, Roland, , Mr,

Candidate  
Party Affiliation

UNK

Office  
Sought:

House

Senate

☒

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                        |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

RJTS

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Efundraisingconnections

Mailing Address

2831 G Street, Suite 200

Sacrament

CITY

CA

STATE

95816

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Swift, Taylor, , Mrs,

Mailing Address

430 South Capitol Street Southeast

Washington

CITY

WA

STATE

20003

ZIP CODE

Title or Position

Treasurer and Campai

Telephone number

206

734

4885

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Swift, Taylor, , Mrs,

Mailing Address

430 South Capitol Street Southeast

Washington

CITY

WA

STATE

20003

ZIP CODE

Title or Position

Treasurer and Campai

Telephone number

206

734

4885

Full Name of  
Designated  
Agent

Viehman, Dan, Trail Blazer, ,

Mailing Address

620 Mendelssohn Avenue North, #186

Golden Valley, MN 55427-4350

Golden Valley, MN

MN

55427

CITY

STATE

ZIP CODE

Title or Position

Campaign tools men

Telephone number

185

576

7011

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Barclay

Mailing Address

100 South West Street, Wilmington

Delaware

DE

19801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE